



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 35, 24-30 August 2014

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 21 August 2014

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the June to November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities of WNF-affected areas and identify significant changes in the epidemiology of the disease.

→ Update of the week

During the past week six new cases have been reported in EU Member States. Romania reported its first two cases for the current transmission season: one confirmed case from Olt district and one confirmed case probably infected in Constanta district. Italy reported its first confirmed case detected in Pavia province (Lombardy region). Greece reported three new probable cases: one from the already affected prefecture of Ileia and two from the newly affected prefecture of Rodopi.

In neighbouring countries, Serbia reported nine new cases: six from the City of Belgrade (3 probable and 3 confirmed cases) and three from the newly affected districts of Kolubarski (1 probable case) and Sremski (2 confirmed cases).

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 24 July 2014

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many EU countries in which vaccination uptake remains below the level required to interrupt the transmission cycle. ECDC monitors measles transmission and outbreaks in EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

→ Update of the week

Since the last monthly update, there has been two reported outbreaks in the European Union: one in Bavaria, Germany and one in Wales in the UK.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 March 2014

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease and is an infection which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine.

→Update of the week

No new outbreaks detected during the past month.

Non EU Threats

New! Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

On 24 August 2014, an outbreak of Ebola Virus Disease (EVD) was declared in the Boende area of Equateur province in the Democratic Republic of Congo. This outbreak is the seventh outbreak of EVD occurring in the country.

S. Enteritidis outbreaks associated with eggs - multistate Europe - 2014

Opening date: 15 August 2014

In June and July 2014, a multi-country outbreak of *Salmonella* Enteritidis was detected involving Austria and France. The outbreak was associated with consumption of eggs from Germany. Potential links with this outbreak are being investigated in Germany, Luxembourg and the United Kingdom where additional cases have been reported infected with indistinguishable or highly related strains, identified using molecular typing methods.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 15 August 2014

An outbreak of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013 affecting Guinea, Liberia, Sierra Leone and Nigeria. On 8 August 2014, the Director-General of WHO declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC).

→Update of the week

As of 26 August 2014, the cumulative number of cases in the four countries stands at 3 069, including 1 552 deaths. Since the last CDTR on 21 August 2014, the four affected countries have reported 596 additional cases (69 in Guinea, 406 in Liberia, 119 in Sierra Leone and two in Nigeria) and 202 additional fatalities.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 27 August 2014

Dengue fever is one of the most prevalent vector-borne diseases, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally acquired cases occurring in EU countries where the competent vectors are present. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 and the recent autochthonous dengue case in the south of France further underline the importance of surveillance and vector control in other European countries.

→Update of the week

On 21 August 2014, France reported a case of autochthonous dengue infection in Var district in the south of France. This is the first locally acquired dengue infection in Europe in 2014.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 14 August 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak has spread to North, Central and South America. There have been around 590 000 probable and confirmed cases in the region, including 37 fatalities so far. Several EU countries are reporting imported cases from the affected areas.

→Update of the week

Compared to last week, the number of reported cases of chikungunya infections has risen in all the affected areas. Puerto Rico and El Salvador are reporting a substantial increase in cases.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 August 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is polio-free.

Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014 due to concerns regarding the increased circulation and the international spread of wild poliovirus during 2014.

→Update of the week

During the past week, three new infections with wild poliovirus 1 (WPV1) have been reported, two in Pakistan and one in Nigeria.

Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012

Latest update: 21 August 2014

Since April 2012, 857 cases of MERS-CoV have been reported by local health authorities worldwide, including 334 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East from which humans sporadically become infected through zoonotic transmission.

→Update of the week

Since the last CDTR, two new cases of MERS-CoV infection have been reported in Saudi Arabia. The Saudi cases are a 69-year-old male and a 52 year-old female both from Dammam.

In addition, the Saudi Arabia Ministry of Health reported one new death in a previously reported case.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 21 August 2014

Epidemiological summary

As of 28 August 2014, ten human cases of West Nile fever have been reported in the EU: Greece (6), Austria (1) Romania (2), Italy (1). Thirty-six cases have been reported in neighbouring countries since the beginning of the 2014 transmission season.

EU Member States

Up until the 28 August a total of ten cases have been reported. Romania reported two cases in the districts of Olt (1) and Constanta (1). Italy reported one case in Pavia (1). Austria reported an autochthonous case of West Nile fever in Vienna (1). In Greece, six human cases have been reported since the start of the 2014 transmission season: Attiki (2), Ileia (2) and Rodopi (2).

Neighbouring countries

Thirteen cases have been reported by Bosnia and Herzegovina, in Republika Srpska, in the following municipalities: Banja Luka (4), Trebinje (1), Novi Grad (1), Kljuc (1), Krupa na Uni (1), Mrkonjic Grad (1), Gornji Ribnik (1), Teslic (1), Laktasi (1) and Prijedor (1). Serbia has reported fourteen cases of West Nile fever in the following regions: City of Belgrade (8), Juzno-backi district (2), Nisavski district (1), Kolubarski (1) and Sremski (2). Russia has reported seven cases in the following oblasts: Samarskaya (6) and Belgorodskaya (1). Israel has recorded two cases of West Nile Fever, one confirmed case from Netanya and one probable case from Tel Aviv, both were diagnosed in July.

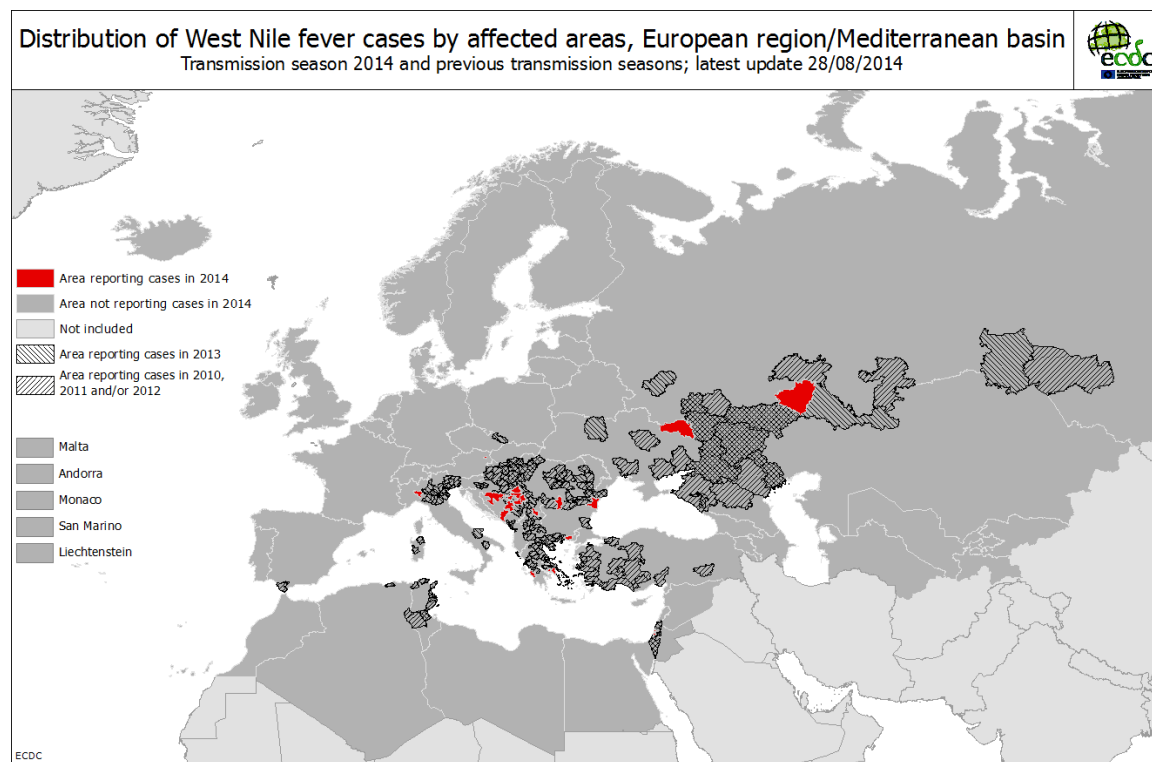
Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [West Nile fever maps](#) |

ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures is considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the [EU blood directive](#), efforts should be made to defer blood donations from affected areas with ongoing virus transmission.

Actions

Since week 23, ECDC has been producing weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.



Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 24 July 2014

Epidemiological summary

Germany

[The media](#) report a measles outbreak in Bavaria in a refugee camp for Syrian refugees. There are four measles cases in adult asylum seekers aged 23 to 27 years old. The camp is temporarily closed and not accepting new refugees until 11 September based on the 18-day incubation period of measles. Vaccination is planned for the people staying in the centre.

UK (Wales)

An outbreak is ongoing at a nursery school in Port Talbot with two confirmed cases. Five others are being tested. A vaccination session was planned at the nursery for children who have not received the MMR vaccine. According to [Public Health Wales \(PHW\)](#), vaccination uptake at the nursery was good but some children were at risk because they were too young to have received one or both doses of the vaccine.

In July 2014 Public Health Wales announced the end of Wales' biggest measles outbreak affecting the same area (Swansea), which resulted in 1 200 reported cases and one death.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Briefs](#) | [MedISys Measles page](#) | [EU-VAC-net ECDC](#) | [ECDC measles factsheet](#)

ECDC assessment

During 2014, seven EU Member States have reported measles outbreaks. The target year for measles elimination in Europe is 2015. The current situation suggests that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is diminishing.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 March 2014

Epidemiological summary

Twenty-eight EU/EEA countries reported 9 443 rubella cases during the most recent 12-month period between July 2013 and June 2014. The rubella notification rate of the desired less than one case per million population was achieved by 21 countries during the last 12 months.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#) | [Progress report on measles and rubella elimination](#) | [Towards rubella elimination in Poland](#)

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in Romania and Poland during the last two years and the number of babies born with CRS are cause for concern. Rubella occurs predominantly in age and sex cohorts historically not included in vaccination recommendations. To achieve rubella elimination, supplemental immunisation activities in these cohorts are needed.

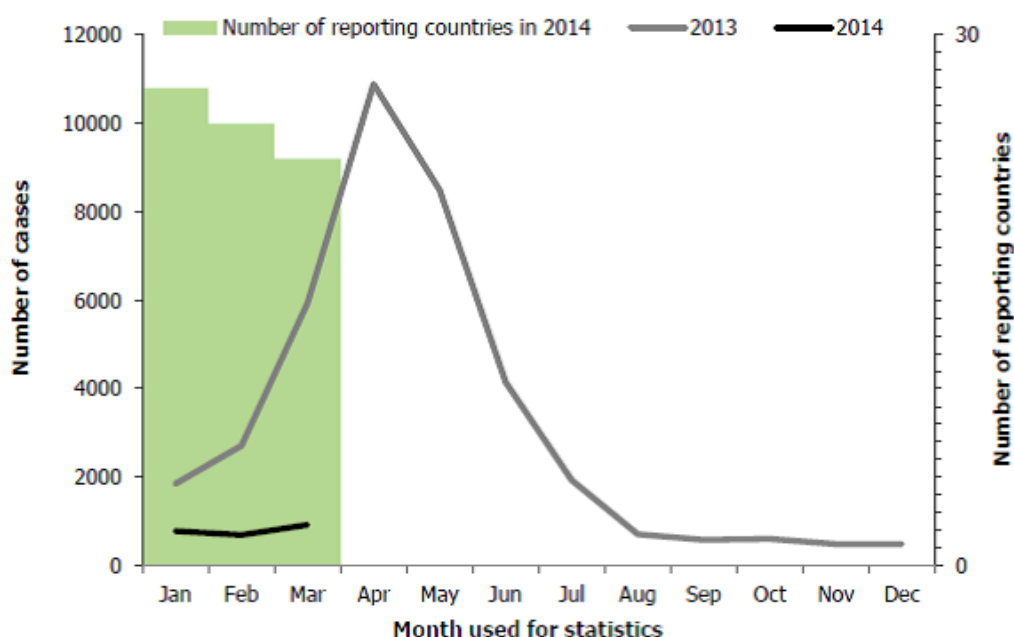
Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to the European Surveillance System and through its epidemic intelligence activities on a monthly basis. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and the achievement of the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: [Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries](#)

Number of rubella cases in 2013 and 2014 and number of European countries reporting in 2014, by month

ECDC



Note: Belgium and France do not have rubella surveillance with national coverage. Of the countries that have rubella surveillance with national coverage, only Italy did not report data for all months in 2013

New! Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

Epidemiological summary

On 26 August 2014, the Ministry of Health, Democratic Republic of the Congo (DRC) notified the World Health Organization (WHO) of an outbreak of EVD in Equateur Province. Between 28 July and 18 August 2014, 24 suspected cases of haemorrhagic fever, including 13 deaths, have been identified. The index case was a pregnant woman from Ikanamongo Village who butchered a bush animal that had been killed and given to her by her hunter husband. She fell ill with symptoms of EVD and died on 11 August at a private clinic in Isaka Village. Local customs and rituals associated with death lead to several healthcare workers being exposed. They later presented with similar symptoms and five of them died. Other deaths have been recorded among the relatives who attended the index case, individuals who were in contact with the clinic staff, and those who handled the bodies of the deceased during the funeral. Eleven other cases are currently being treated in isolation centres. Eighty contacts are being followed-up.

Web Sources: [WHO AFRO](#) | [ECDC factsheet](#)

ECDC assessment

The strain was identified to be Zaire *ebolavirus*. According to WHO, the index case and the contacts have no history of travel to the EVD-affected countries in West Africa and no history of contact with individuals from the affected areas. The outbreak in DRC is most probably unrelated to the ongoing outbreak in West Africa.

Actions

ECDC is monitoring this event through epidemic intelligence.

S. Enteritidis outbreaks associated with eggs - multistate Europe - 2014

Opening date: 15 August 2014

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Epidemiological summary

A multi-country outbreak of *S. Enteritidis* occurred in France and Austria in June and July 2014, with 45 and 86 reported cases respectively. These *S. Enteritidis* cases share similar epidemiological and molecular characteristics and have been associated with the consumption of eggs produced in southern Germany. Additional cases reported in Germany (14 cases), Luxembourg (one case in a French resident) and the UK (247 cases) are potentially linked to the outbreak. The Bavarian egg producer distributed eggs to customers in Austria, Czech Republic, Germany, France, United Kingdom, Croatia, Slovenia and Hungary in 2014.

ECDC assessment

S. Enteritidis is the most frequently reported *Salmonella* serotype in TESSy. From 2009 to the first quarter of 2014, 184 891 cases were reported by 27 countries, with Germany and the Czech Republic reporting 47% of cases. Twenty-five notifications of *S. Enteritidis* have been reported to the Rapid Alert System for Food and Feed (RASFF) in 2014, mostly associated with poultry meat, eggs, other meat products, pet food and spices. Outbreak cases in Austria and France are probably associated with the same vehicle of infection, i.e. eggs from southern Germany. Epidemiological, microbiological and environmental investigations are ongoing to assess whether cases in Germany and the UK are part of the same outbreak and associated with the same vehicle of infection.

Actions

A [Rapid Outbreak Assessment](#) about this event was published on 25 August 2014. ECDC is monitoring this event.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 15 August 2014

Epidemiological summary

Distribution of EVD cases in the affected countries as of 26 August 2014:

- **Guinea:** 648 cases (482 confirmed, 141 probable, and 25 suspected), including 430 deaths
- **Liberia:** 1378 cases (322 confirmed, 674 probable, and 382 suspected), including 694 deaths
- **Nigeria:** 17 cases (13 confirmed, 1 probable, and 3 suspected), including 6 deaths
- **Sierra Leone:** 1026 cases (935 confirmed, 37 probable, and 54 suspected), including 422 deaths

The overall case fatality ratio is 51%.

This week, two confirmed cases of ebola virus disease were evacuated to Europe: one to the UK and one to Germany. The first one is a British healthcare worker who was working in Sierra Leone and was evacuated to the Royal Free London Hospital. The second is a Senegalese epidemiologist who was infected in Sierra Leone and was transported to the University Medical Centre of Hamburg. Both are hospitalised in isolation units and are in a stable condition.

There is an increasing number of media reports about suspected EVD cases and their systematic verification in several countries around the world, indicating that surveillance is working. To date, no cases have been found to be positive outside Guinea, Liberia, Nigeria or Sierra Leone.

Web sources: [WHO/AFRO outbreak news](#) | [WHO Ebola Factsheet](#) | [ECDC Ebola health topic page](#) | [ECDC Ebola and Marburg fact sheet](#) | [Risk assessment guidelines for diseases transmitted on aircraft](#) | [EID "Undiagnosed Acute Viral Febrile Illnesses, Sierra Leone"](#)

ECDC assessment

This is the largest ever documented outbreak of EVD with a number of reported cases and deaths that exceeds the case and death number of all historical outbreaks. It is also the largest outbreak in terms of geographical spread. The outbreak, after an apparent slowdown, has intensified with an upsurge of EVD cases. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among the challenges currently faced by the countries in responding to the EVD outbreak.

EVD is not an airborne disease and only symptomatic patients are contagious. Transmission requires direct contact with blood, secretions, organs or other bodily fluids of dead or living infected persons or animals. Therefore the risk of infection is considered very low if precautions are strictly followed. However, the increase in the number of new EVD cases in recent weeks, the urban transmission, and the fact that not all chains of transmission are known, is increasing the likelihood of visitors and travellers coming into contact with ill persons. The risk of exposure in healthcare facilities for EU residents and visitors to the affected areas is related to the implementation of effective infection transmission control measures in these settings and the nature of the care required. Recent reports of transmission to healthcare workers in different healthcare settings indicate that effective infection control measures are not being thoroughly implemented across healthcare facilities in the region.

[WHO](#) has published a position paper on the use of convalescent plasma or serum as an element in filovirus outbreak response.

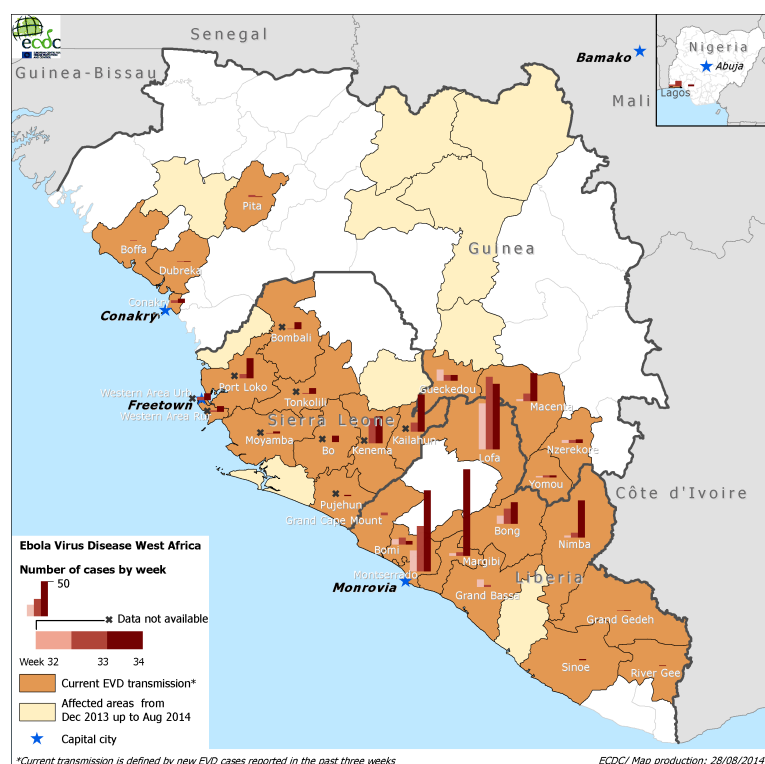
Temporary recommendations from the Emergency Committee with regard to actions to be taken by countries can be found at: <http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>

Actions

ECDC is preparing an update of its latest [rapid risk assessment](#).

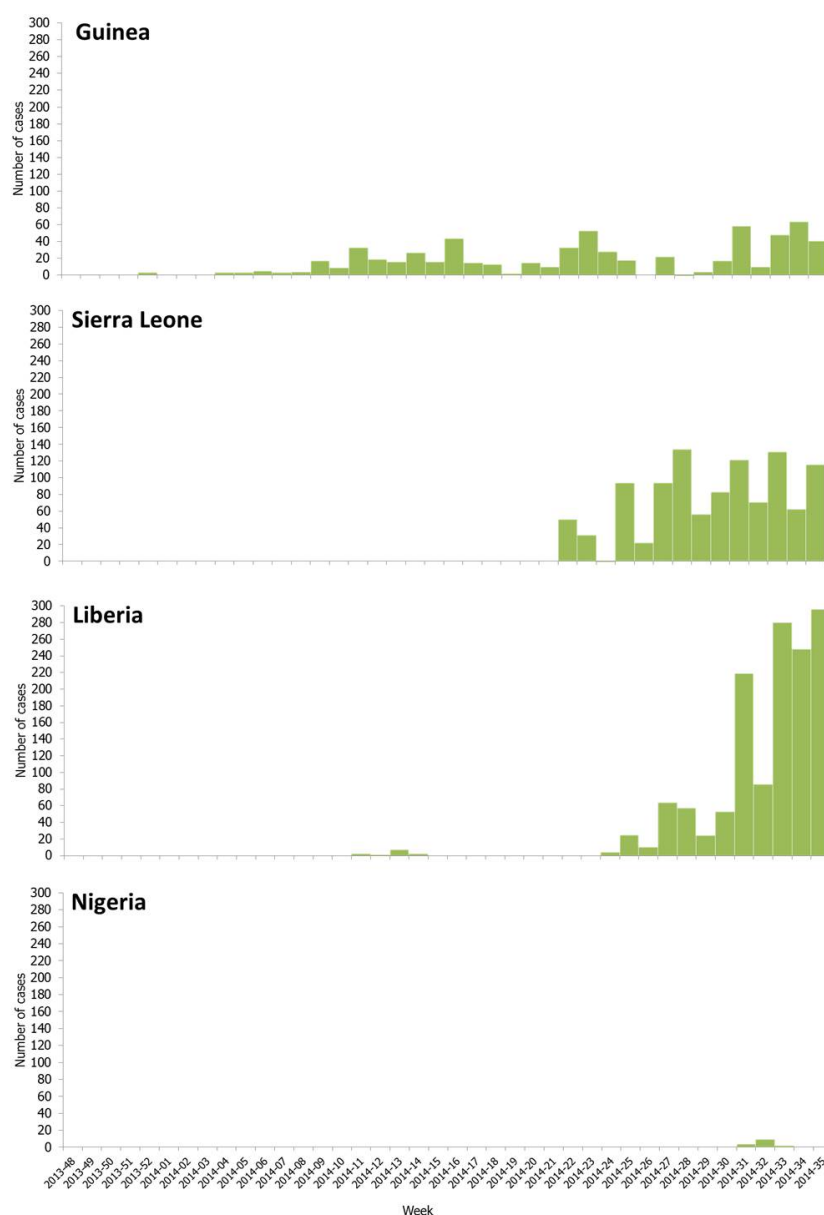
Distribution of EVD cases by week of reporting in Guinea, Liberia, Sierra Leone and Nigeria (as of 26 August 2014)

Source: ECDC



Distribution of the EVD cases by week of reporting in Guinea, Sierra Leone, Liberia and Nigeria from week 48/2013 to week 35/2014 (as of 26 August 2014)

Source: adapted from WHO data



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 27 August 2014

Epidemiological summary

Europe: On 21 August 2014, the [Regional Health Agency \(ARS\) Provence-Alpes-Côte d'Azur](#) reported the first autochthonous case of dengue in 2014 in the department of Var. The patient had not travelled during the 15 days prior to falling ill. The competent vector for dengue, *Aedes albopictus*, has been present in the Var district since 2007 and enhanced surveillance is implemented every year from 1 May to 30 November. Control activities are being implemented in the affected department. France has previously reported autochthonous dengue cases in this region in 2010 and 2013.

Asia: The [Ministry of Health](#) in Japan has reported the first locally-acquired case of dengue fever in the country in nearly 70 years. The case was reported in Saitama city, a prefecture adjacent to Tokyo. The dengue trend in three districts (Selangor, Kelantan, Putrajaya and Kuala Lumpur) in Kuala Lumpur, Malaysia, has decreased in August and the outbreaks are expected to be controlled within the next two months, according to [media](#) quoting the Ministry of Health. The number of locally-acquired dengue

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fever cases in Taiwan increased by 226 cases in the past week, the highest single week increase since 2003, according to the Centers for Disease Control (CDC). As of 25 August, Taiwan has recorded 1 113 dengue fever cases, 984 of which have been locally-acquired cases. In China, Guangzhou province has reported around 400 cases of dengue fever in the past two months, according to [media](#) quoting local health authorities.

Caribbean: Dengue activity remains low in Guadeloupe, according to the latest update from InVS.

Americas: In Central America, El Salvador has recorded more than 27 000 suspected dengue cases nationally so far this year, an increase of 74% compared to the same time period in 2013.

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | [ProMED Americas, Asia](#) |

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Before the 2012 outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. This recently reported case in the south of France highlights the risk of locally-acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC has published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe and [guidance for invasive mosquitoes' surveillance](#).

Since week 28/2013, ECDC has been monitoring dengue on a bi-weekly basis.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 14 August 2014

Epidemiological summary

As of 28 August 2014, around 590 000 suspected and confirmed cases of chikungunya virus infection have been reported from the affected countries and territories in the Caribbean and the rest of the Americas, including 37 fatalities. For the breakdown of figures please see the latest [WHO PAHO update](#).

Several EU/EFTA countries have reported imported cases of chikungunya infection in patients with travel history to the affected areas: France, Greece, Italy, the Netherlands, Spain and Switzerland.

Web sources: [PAHO update](#) | [ECDC Chikungunya](#) | [CDC Factsheet](#) | [Medisys page](#) | [CARPHA interactive chikungunya map](#)

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and has reached North, Central and South America. Increasing case numbers have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Further spread of the outbreak is to be expected.

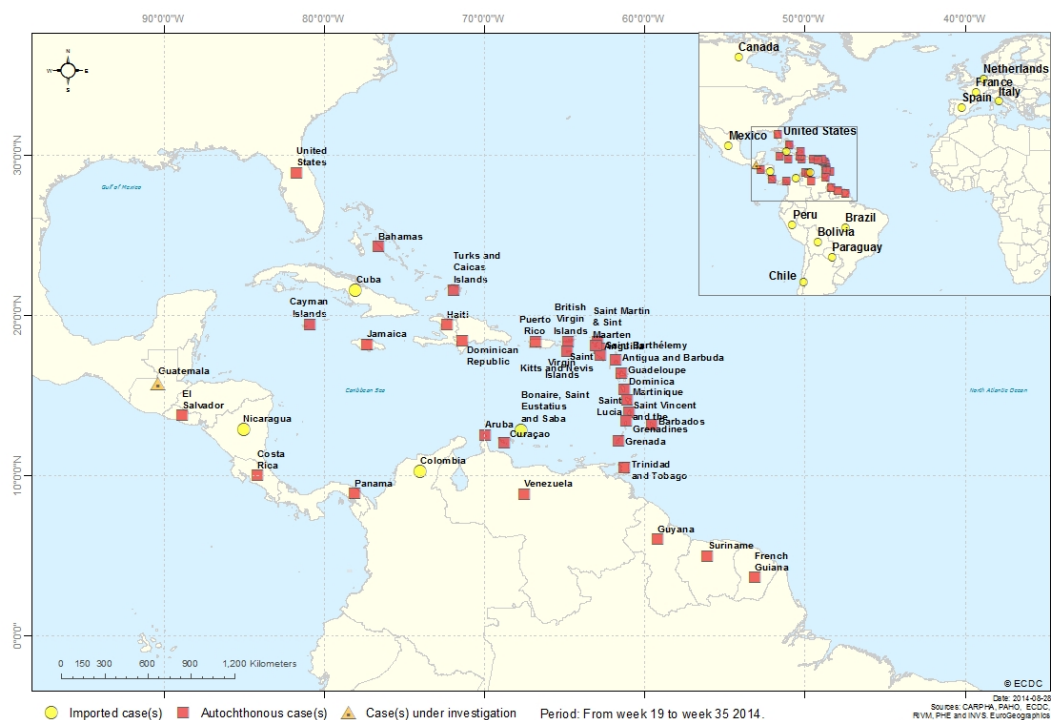
Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities.

Actions

ECDC updated its [Rapid Risk Assessment](#) and published it on the website on 27 June 2014.

Chikungunya in the Caribbean as of 28 August 2014

ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 August 2014

Epidemiological summary

During the past week Nigeria reported one new case and Pakistan two new cases of WPV1. Worldwide, 149 cases have been reported to WHO so far in 2014, compared with 214 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (117 cases), Afghanistan (8 cases), Equatorial Guinea (5 cases), Nigeria (6 cases), Somalia (4 cases), Cameroon (5 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

After the declaration of PHEIC, WHO issued a set of Temporary Recommendations that call for the vaccination of all residents in and long-term visitors to countries with polio transmission prior to international travel.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#)

ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The confirmed circulation of WPV in several countries and the documented exportation of WPV to other countries support the fact that there is a potential risk for WPV being re-introduced into the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations, people living in poor sanitary conditions, or a combination of the two.

References: [ECDC latest RRA](#) | [Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA](#) | [Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA?](#) | [WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014](#)

Actions

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being re-introduced into the EU.

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Following the declaration of polio as a PHEIC, ECDC updated its [risk assessment](#). ECDC has also prepared a background document of travel recommendations for the EU.

Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012

Latest update: 21 August 2014

Epidemiological summary

Since April 2012 and as of 28 August 2014, 857 cases of MERS-CoV have been reported by local health authorities worldwide, including 334 deaths.

Confirmed cases and deaths by region:

Middle East

Saudi Arabia: 725 cases/301 deaths
United Arab Emirates: 73 cases/9 deaths
Qatar: 7 cases/4 deaths
Jordan: 18 cases/5 deaths
Oman: 2 cases/2 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 5 cases/2 death

Europe

UK: 4 cases/3 deaths
Germany: 2 cases/1 death
France: 2 cases/1 death
Italy: 1 case/0 deaths
Greece: 1 case/1 death
Netherlands: 2 cases/0 deaths

Africa

Tunisia: 3 cases/1 death
Algeria: 2 cases/1 death

Asia

Malaysia: 1 case/1 death
Philippines: 1 case/0 deaths

Americas

United States of America: 2 cases/0 deaths

Web sources: [ECDC's latest rapid risk assessment](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#)

ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified. Dromedary camels are a host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and international

surveillance for MERS-CoV cases is essential.

The risk of secondary transmission in the EU remains low and can be reduced further through screening for exposure among patients presenting with respiratory symptoms (and their contacts) and strict implementation of infection prevention and control measures for patients under investigation.

Actions

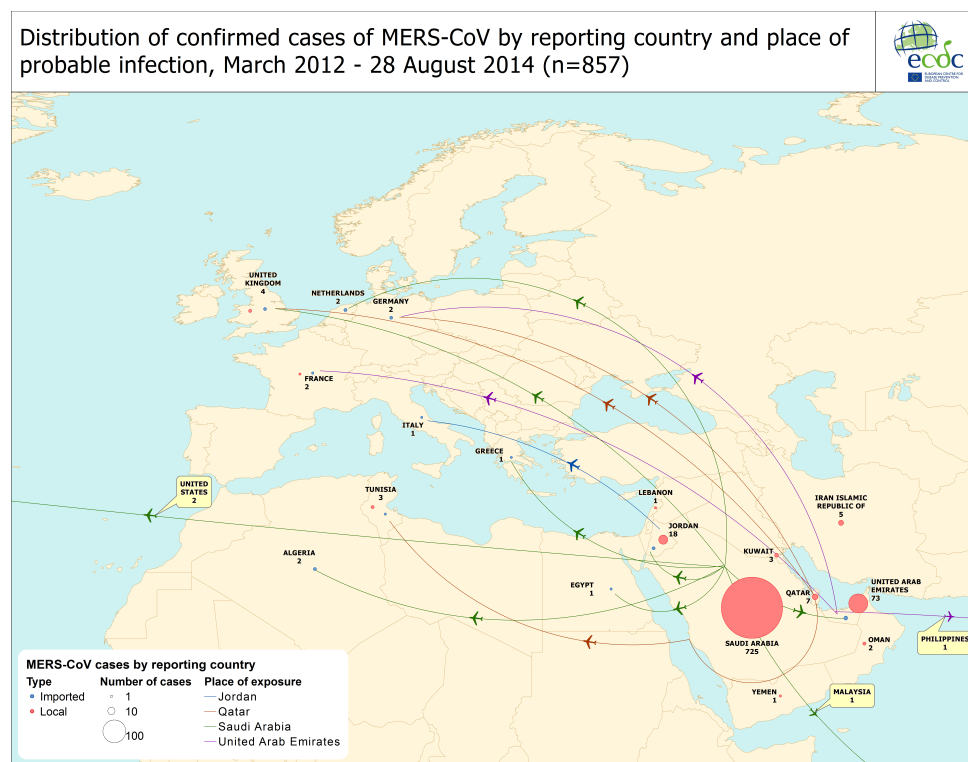
ECDC published an [epidemiological update](#) on 2 July 2014.

The last [rapid risk assessment](#) was updated on 21 August 2014.

ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.

ECDC is finalising for publication a fact sheet on Middle East respiratory syndrome - coronavirus (MERS-CoV)

ECDC



The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.